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TO

Name: USPTO **Date:** November 16, 2005
Fax No.: 571.273.8300
Subject: U.S. Application Number 10/693,082

FROM

Name: Jay A. Stelacone **Phone No.:**
Fax # Verified by: JAS **# Pages (incl. this):** 10
Attorney Docket No.: 0023.0017

PLEASE DATE-STAMP TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

In Re Application of: Wilmer L SIBBITT, Jr.

Application No.: 10/893,082 Group Art Unit: 3763

Filed: October 27, 2003

Examiner: Cris Rodriguez

For: COLORFUL SHIELDED RECIPROCATING BUTTERFLY NEEDLE

1 Transmittal Form (1 page)

1. Transmittal Form (1 page)
 2. Response to Election of Species Requirement (5 pages)
 3. Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address (2 pages)
 4. Change of Attorney Docket Number (1 page)

Due Date: November 17, 2005

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages In This Submission

Application Number	10/693,082
Filing Date	October 27, 2003
First Named Inventor	Wilmer L. SIBBITT, Jr.
Art Unit	3763
Examiner Name	Cris Rodriguez
Total Number of Pages In This Submission	9
Attorney Docket Number	0023.0017 (New Attorney Docket Number)

ENCLOSURES (Check all that apply)

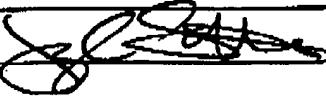
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	(1) Response to Election of Species Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	(2) Change of Attorney Docket Number
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Thomas M. Isaacson		
Signature			
Printed name	Jay A. Stelacone		
Date	November 16, 2005	Reg. No.	42,168

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Signature			
Typed or printed name	Jay A. Stelacone	Date	November 16, 2005

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